

SUBSTANCE ABUSE TREATMENT FACT SHEET

Massachusetts Department of Public Health, Bureau of Substance Abuse Services

February, 2002

This fact sheet contains information about the impact of alcohol and other drug use in the Worcester and Norfolk Senatorial District. Admission data were reported to the Bureau of Substance Abuse Services (BSAS) Substance Abuse Management Information System in FY 2001.

Residents of Worcester and Norfolk Senatorial District

Treatment Admissions:

In FY 2001, there were 120,687 admissions to licensed substance abuse treatment services in all of Massachusetts. Of these, 1.9% (2,284) reside in the Worcester and Norfolk Senatorial District. Due to budget cuts in FY 2002, BSAS estimates that 19% (434) of Worcester and Norfolk Senatorial District residents will not be able to access treatment services. **Please note that these statistics represent only individual admissions, and represent a figure lower than the actual number of constituents in need of treatment services.**

- In FY 2001, 72.2% of admissions from the Worcester and Norfolk Senatorial District were male and 27.8% were female.
- Over 64.5% of admissions were between the ages of 21-39.
- 80.4% of admissions were white non-Latino, 2.1% were black non-Latino, 13.5% were Latino, 0.1% were Asians, and 3.8% were other racial categories.
- 63.9% of those admitted to treatment were never married, 15.1% were married, and 14.7% reported not to be married now.
- 32.8% of admissions had less than high school education, 50.4% completed high school, and 16.7% had more than high school education.
- 40.5% of those admitted to treatment were employed.
- 5.9% of those admitted were homeless.
- 9.8% of admissions had prior mental health treatment.

Substances Used in Past Year:

Upon entering treatment, each client is asked to report ALL substances used in the past year (12 months) prior to admission. Admissions frequently report using more than one substance within the year. The use of more than one psychoactive substance, such as alcohol and marijuana, is referred to as 'polydrug' or 'polysubstance' use. For example, individuals who use cocaine, crack and heroin also may report the use of either alcohol and/or marijuana.

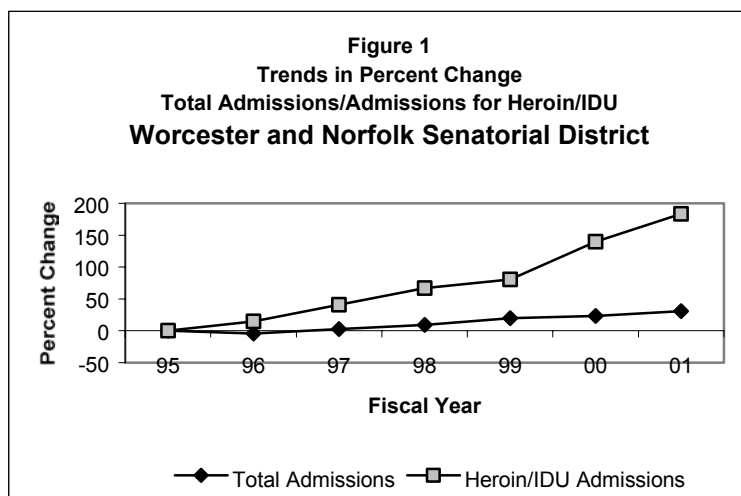
- Table 1 shows ALL substances which clients reported using in the year prior to admission, including the prevalence of injection drug use (IDU) in the Worcester and Norfolk Senatorial District. Injection drug users (or IDU's) are individuals who use a needle to ingest cocaine, crack, heroin or another drug to get high.

Table 1 Annual Admissions by Substance Use FY 1995 – FY 2001							
Worcester and Norfolk Senatorial District							
	Total	Alcohol	Marijuana	Cocaine	Crack	Heroin	IDU
FY '95	1,746	1,465	544	382	166	372	216
FY '96	1,667	1,370	568	397	194	410	266
FY '97	1,795	1,477	613	424	216	455	374
FY '98	1,910	1,563	728	454	227	558	425
FY '99	2,092	1,682	698	498	264	595	467
FY '00	2,151	1,684	766	508	311	793	617
FY '01	2,284	1,606	732	494	231	925	742

- Since FY 1995, residents of Worcester and Norfolk Senatorial District reported a leveling off in alcohol, cocaine, and crack use, while marijuana and heroin use increased by 35% and 149%, respectively.

Heroin and Injection Drug Use:

Figure 1 below shows the proportional increases in all admissions in the Worcester and Norfolk Senatorial District and the proportional increase in admissions reporting heroin and injection drug use, a factor driving increases in HIV¹.



- Total treatment admission for all modalities rose 31% between FY 1995 and FY 2001. During the same period, admissions for heroin and injection drug use treatment increased 184%.

Primary Substance of Use:

At admission clients also identify a “primary drug” of use which is the substance currently causing them the most problems.

- Table 2 compares the proportional distribution of primary drugs in Massachusetts with that for the Worcester and Norfolk Senatorial District.

	Alcohol	Heroin	Marijuana	Cocaine	Crack
District	46.8%	37.9%	8.6%	2.9%	1.3%
State	46.5%	35.9%	6.5%	3.9%	3.4%

- While heroin and marijuana as a primary drug of use in your Senatorial District was higher than the State average, crack and cocaine as a primary drug was lower within your District.

¹ The Schneider Institute for Health Policy, Brandeis University, 2000